

| | | |
|---------------------------|---|------------------------|
| IN RE: | : | CASE NO. 18-11313(TPA) |
| | : | |
| VIRGINIA D. HETRICK, | : | |
| | : | |
| Debtor. | : | CHAPTER 13 |
| | : | |
| ONE FEDERAL CREDIT UNION, | : | Related to Claim No. 1 |
| | : | |
| Movant, | : | |
| | : | |
| v. | : | |
| | : | |
| NO RESPONDENT, | : | |
| | : | |
| Respondent. | : | JUDGE AGRESTI |
| | : | |

REQUEST TO RESTRICT PUBLIC ACCESS TO CLAIM

Pursuant to W.PA.LBR 9037-1 and understanding that the redaction of any information other than the identifiers specifically enumerated in Fed. R. Bankr. P. 9037 requires a separate motion and Court approval, under penalty of perjury, the **UNDERSIGNED HEREBY CERTIFIES** that:

1. ONE Federal Credit Union filed a proof of claim, Claim No. 1 in the above-captioned case on January 8, 2019 which contains one or more of the identifiers enumerated in Fed. R. Bankr. P. 9037.

2. On April 21, 2022, ONE Federal Credit Union filed an amended claim on the claims register in compliance with W.PA.LBR 3002-2(a), a copy of which is attached hereto, and the only change made to the original claim is the redaction of personal identifiers.

3. I am requesting that the Court take whatever steps are necessary to restrict public access to the unredacted claim.

Date: April 21, 2022

Signed: /s/ Nicholas R. Pagliari

On behalf of: ONE Federal Credit Union
Name of Creditor

Nicholas R. Pagliari, Esq.
Name of Filer - Typed

100 State Street, Suite 700, Erie, PA 16507
Address of Filer

npagliari@mijb.com
Email Address of Filer

(814) 870-7754
Phone Number of Filer

Pa. Supreme Court ID No. 87877
Bar I.D. and State of Admission

PAWB Local Form 37 (07/13)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re:) CASE NO. 18-11313(TPA)
VIRGINIA D. HETRICK,)
)
)
)
Debtor) CHAPTER 13

AMENDMENT TO CLAIM NO. 1
FILED BY ONE FEDERAL CREDIT UNION

The amendments are as follows:

1. Changed Item 4 to indicate this as an Amended Claim;
2. Changed signature section to indicate that the claim is being filed by the Creditor's Authorized Agent instead of the Creditor;
3. Added an Itemized Statement of Claim;
4. Added Exhibit Labels to Exhibits;
5. Redacted Personal Identifiers on Exhibits; and
6. Added a Certificate of Service.

| Fill in this information to identify your case: | |
|---|---|
| Debtor | <u>Virginia D. Hetrick</u> |
| United States Bankruptcy Court for the: | <u>WESTERN DISTRICT OF PENNSYLVANIA</u> |
| Case number (if known) | <u>18-11313</u> |

Official Form 410 Proof of Claim

4/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | |
|---|--|--|
| 1. Who is the current creditor? | <u>ONE Federal Credit Union</u> Name of the current creditor (the person or entity to be paid for this claim) | |
| | Other names the creditor used with the debtor <u>Meadville Area Federal Credit Union</u> | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | |
| 3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small> | Where should notices to the creditor be sent? <u>ONE FCU</u> <u>300 Arch St</u> <u>Meadville, PA 16335</u> Name, Number, Street, City, State & Zip Code Contact phone <u>814-336-2794 ext 232</u> Contact email <u>ahefner@onefcu.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ | Where should payments to the creditor be sent? (if different) Name, Number, Street, City, State & Zip Code _____ Contact phone _____ Contact email _____ |
| 4. Does this claim amend one already filed? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>1</u> Filed on <u>1/8/2019</u> | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | |

Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | | |
|--|--|--|
| 6. Do you have any number you use to identify the debtor? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: | 6150 |
| 7. How much is the claim? | \$ 13,207.76 | Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Money Loaned | |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of claim that is secured: \$ _____ Amount of claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) 0 % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable | |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____ | |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ | |

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No
☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- | | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date April 21, 2022
MM/DD / YYYY

/s/ Aaron T. Hefner
Signature

Print the name of the person who is completing and signing this claim:

Name Aaron T. Hefner
Title Member Solutions
Company ONE FCU
Identify the corporate servicer as the company if the authorized agent is a servicer.
Address 300 Arch St
Meadville, PA 16335
Number, Street, City, State and Zip Code
Contact phone 814-336-2794 ext 232 Email ahefner@onefcu.com

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re:) CASE NO. 18-11313(TPA)
VIRGINIA D. HETRICK,)
)
)
)
Debtor) CHAPTER 13

ITEMIZED STATEMENT OF CLAIM

Account No. xxxx6150

| | | |
|--------------------------------|----|------------------|
| Principal: | \$ | 12,920.52 |
| Interest to December 28, 2018: | | 263.95 |
| Late Fees: | | <u>23.29</u> |
| TOTAL: | \$ | <u>13,207.76</u> |

/s/ Aaron T. Hefner

Aaron T. Hefner, Member Solutions
ONE Federal Credit Union
300 Arch St
Meadville, Pa 16335

FIS ClientLink

Account Chargeoff - [REDACTED] - 3447) - VIRGINIA HETRICK

Customer Service

Chargeoff Request

Chargeoff Code

☐ 0 - Reverse Chargeoff

☒ 2 - Pending Chargeoff

Pending Chargeoff Only

Chargeoff Days

Reclass Code

Bill Code

NOFINCHG - NO FINANCE CHARGE BILLING CODE

Chargeoff Results

Chargeoff Code

Balance

Chargeoff Days

Principal

Unpaid Finance Charges

Unpaid Fees

Blk/Reclass

Past Due

Type Processing

Bill Code

Unpaid Late Fees

Unpaid Non-Accruing Fees

Update

Cancel

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FIS ClientLink Customer Service

Module Acct Inquiry Acct Maintenance Workflow Help

General Cardholder Information

Corp 081372

Name1 VIRGINIA HETRICK

MM Name

Name2

City MEADVILLE

Search Locate Workflow Acct Summ Print

MADE PD2 XFRD

N1/N2 SSF 000-00-0000

St/Cntry PA Postal 16335-2012

| Main | Strmts | Online Access | CTD Bal | Credit | Terms | CH Info | Disputes | Transfer | Plastics | Lost/Stolen | Delinquency |
|---------------------------------|--------------------------|---------------|---------|--------------|--------------------------------------|-----------------|-------------|-------------|----------|-------------|-----------------|
| Payment Options | Secured | Loyalty | Misc | Related Info | Business Card | History | Institution | Home Equity | | | |
| Y-T-D F.C. Amt | \$0.00 | | | | Average Bill Days | 20 | | | | | Fin Chrg Sum |
| Last Year F.C. Amt | \$881.21 | | | | Bill Code | RBLVART | | | | | Fin Chrg Inq |
| Card Fee Ind | A | | | | Bill Code Description | PRM + 3.00% APR | | | | | Send Letter |
| Next Card Fee Date (MM/DD/CCYY) | 12/2019 | | | | Bill Code Date (MM/DD/CCYY) | 11/24/2014 | | | | | Add Memo |
| Last Card Fee Date (MM/DD/CCYY) | | | | | Notified Bill Code | | | | | | Card Fee Chg |
| Unpaid Annual Fee | \$0.00 | | | | Notified Bill Code Description | | | | | | Strmt Group Chg |
| Finance Charge Ind | Y | | | | Effective Notified Date (MM/DD/CCYY) | | | | | | Bill Chg |
| Waive Cash Advance Fee | <input type="checkbox"/> | | | | Unconsented Bill Code | | | | | | Product Chg |
| Waive Late Charge | <input type="checkbox"/> | | | | Unconsented Bill Code Description | | | | | | Type Proc Chg |
| Waive Overlimit Fee | <input type="checkbox"/> | | | | Account Terms ID | | | | | | Fee Waiver Chg |
| | | | | | Account Terms ID Description | | | | | | Terms ID Chg |
| | | | | | Prev Account Terms ID | | | | | | |
| | | | | | Prev Account Terms ID Description | | | | | | |
| | | | | | Acct Terms Chg Date (MM/DD/CCYY) | | | | | | |

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FIS ClientLink

Customer Service

Payment History - [REDACTED] -3447) - VIRGINIA HETRICK

| | | | | |
|--|-------------------------|----------------|--------------------------|-----------------|
| Corp 081372 | Account [REDACTED] 3447 | Product VPL500 | Payoff Date (MM/DD/CCYY) | Current Balance |
| Name VIRGINIA HETRICK | Finance Charge | | | |
| Address 953 S STREET | Payoff Amount | | | |
| <input type="button" value="Calculate"/> | | | | |
| MEADVILLE PA | | 16335-2012 | | |

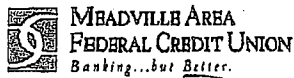
| Cycle Date (MM/DD/YY) | Total Pay Due | Amount Paid | Delq Amount | Days Delq | Due Date (MM/DD/YY) | Post Date (MM/DD/YY) | Tran Date (MM/DD/YY) | TC/RC |
|--------------------------|------------------|----------------|----------------|--------------|------------------------|-------------------------|-------------------------|-------|
| CURREN | | -\$6.71 | | null | | 12/17/18 | 12/17/18 | 65/00 |
| 12/09/18 | \$394.00 | | \$262.00 | 30 | 01/03/19 | | | |
| 11/08/18 | \$262.00 | | \$131.00 | 5 | 12/03/18 | | | |
| 10/09/18 | \$131.00 | -\$131.00 | | 0 | 11/05/18 | 09/25/18 | 09/25/18 | 65/00 |

NO CURRENT PAYMENTS

Close

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VISA Credit Card Application

Please Check: ☐ Classic or ☒ Platinum

Check below to indicate the type of credit in which you are applying. Married applicants may apply for a separate account.

☒ **Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse. If: (1) you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI); (2) your spouse will use the account; or (3) you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

☐ **Joint Credit:** Each applicant must individually complete the appropriate section below. If Co-borrower is spouse of the applicant, mark the Co-Applicant box. **Guarantor:** Complete the Other section if you are a guarantor on an account/loan.

☐ **Opt for credit life information**

Applicant

Virginia Hetrick
Name [Redacted] Acct # [Redacted]
[Redacted]
Driver's License # / State [Redacted] Social Security # [Redacted]

Email Address [Redacted]

332-0690
Birth Date [Redacted] Home Phone [Redacted] Business Phone [Redacted]

1000 Charleston St Meadville PA 16335
Present Address (street, city, state, zip) Length of Residency [Redacted]

\$575/mth rent
Mortgage Balance [Redacted] Monthly Payment [Redacted] Interest Rate [Redacted]

COMPLETE FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)

Employment/Income C&J's Start Date 2013

Name/Address of Employer [Redacted]

Name/Address of Employer [Redacted]

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

Employment Income \$ [Redacted] Per [Redacted]
☐ Net ☐ Gross

Other Income \$ [Redacted] Per [Redacted]
Source: [Redacted]

Credit Limit Requested: [Redacted]

Other: ☐ Co-Applicant ☐ Authorized User ☐ Guarantor

Name [Redacted] Acct # [Redacted]

Driver's License # / State [Redacted] Social Security # [Redacted]

Email Address [Redacted]

Birth Date [Redacted] Home Phone [Redacted] Business Phone [Redacted]

[Redacted]
Present Address (street, city, state, zip) Length of Residency [Redacted]

Mortgage Balance [Redacted] Monthly Payment [Redacted] Interest Rate [Redacted]

COMPLETE FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)

Employment/Income [Redacted] Start Date [Redacted]

Name/Address of Employer [Redacted]

Name/Address of Employer [Redacted]

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

Employment Income \$ [Redacted] Per [Redacted]
☐ Net ☐ Gross

Other Income \$ [Redacted] Per [Redacted]
Source: [Redacted]

Please answer the following questions:

- 1) Do you have any outstanding judgments? ☐ Yes ☒ No
- 2) Have you ever filed for bankruptcy or had a debt adjustment plan confirmed under Chapter 13? ☐ Yes ☒ No
- 3) Have you had property foreclosed upon or repossessed in the last 7 years? ☐ Yes ☒ No
- 4) Are you a party in a lawsuit? ☐ Yes ☒ No
- 5) Are you other than a U.S. Citizen or permanent resident alien? ☐ Yes ☒ No
- 6) Is your income likely to decline in the next two years? ☐ Yes ☒ No
- 7) I agree to the application fee associated with this loan. (This fee will be deducted from your regular share account). ☒ Yes ☐ No

Applicant Reference *Must live at a different residence

Mark Sisco
Name

Address

City _____ State _____ Zip _____

333-1447 or 724-
Phone #

Friend
Relation

Referred By

Name

Address

City _____ State _____ Zip _____

Phone #

Relation

Referred By

State Law Notices

Ohio Residents Only: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Wisconsin Residents: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement, or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature For Wisconsin Resident Only: _____ Date: _____

Signatures

1) You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make decisions. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

2) You understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

Virginia D. Helrich 11/21/14
Applicant's Signature Date

Other Signature Date

VISA BALANCE TRANSFER

I authorize Meadville Area Federal Credit Union to cash advance my Visa Platinum Card
for \$ 8704.32

VISA Platinum Card Number: [REDACTED]

Balance Transfer Amount: \$ 8,704.32

Virginia D Hettrich 11-25-14 4814-332-0690
Member's Signature Date Phone Number
Virginia D Hettrich
Member's Printed Name

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re:) CASE NO. 18-11313(TPA)
VIRGINIA D. HETRICK,)
)
)
)
Debtor) CHAPTER 13

CERTIFICATE OF SERVICE OF AMENDED PROOF OF CLAIM

I certify under penalty of perjury that I served the above-captioned pleading on the parties at the addresses specified below or on the attached list on April 21, 2022.

The types of service made on the parties were: first-class mail or electronic notification.

If more than one method of service was employed, this certificate of service groups the parties by the type of service.

SERVICE BY FIRST CLASS MAIL:

Virginia D. Hetrick
953 B Street
Meadville, PA 16335
Debtor

SERVICE BY ELECTRONIC NOTIFICATION:

Kenneth M. Steinberg, Esq.
Steidl & Steinberg
Suite 2830 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
Counsel for Debtor
(via e-filing only to
julie.steidl@steidl-steinberg.com)

Joseph S. Sisca, Esq.
Office of the United States Trustee
1001 Liberty Avenue, Suite 970
Pittsburgh, PA 15222
(via e-filing only to
ustpreregion03.pi.ecf@usdoj.gov)

Ronda J. Winnecour, Esq.
Suite 3250, USX Tower
600 Grant Street
Pittsburgh, PA 15219
Chapter 13 Trustee
(via e-filing only to
cmecf@chapter13trusteedpa.com)

Brian Nicholas, Esq.
KML Law Group, P.C.
701 Market Street
Suite 5000
Philadelphia, PA 19106
Counsel for The Bank of New York Mellon
f/k/a The Bank of New York, as Trustee
(CWABS 04-00006)
(via e-filing only to
bnicholas@kmlawgroup.com)

/s/ Nicholas R. Pagliari

Nicholas R. Pagliari

Pa. Supreme Court ID No. 87877

MacDONALD, ILLIG, JONES & BRITTON LLP

100 State Street, Suite 700

Erie, Pennsylvania 16507-1459

(814) 870-7754

Fax: (814) 454-4647

E-mail: npagliari@mjb.com

Attorneys for ONE Federal Credit Union

Dated: April 21, 2022

#1744728